

Landscape Architect Exam Application Instructions

Requirements for Landscape Architect registration in Washington are based on a minimum of 7 years of combined education and practical work experience, plus completion of an examination. Washington has adopted the Landscape Architect Registration Examination (LARE), prepared by the Council of Landscape Architectural Registration Boards (CLARB), as its registration examination.

Application Process and Fees

1. Complete the application form.
2. Submit the current application fee and exam fees to P.O. Box 9048, Olympia, WA 98507-9048. Application fees are non-refundable.
3. Complete the LARE Information Guide and Registration Form by marking the sections to be taken. The fee for the initial application and exam charges may be combined in one check and mailed to P.O. Box 9048, Olympia, WA 98507-9048.
4. Ensure that the application, transcripts, references from 3 landscape architects and LARE Information Guide and Registration Form are submitted prior to April 1 for the June exam and October 1 for the December exam.
5. Notice of admission to exams will be mailed approximately 6 weeks in advance of the exam, along with the date, time, and place of the exam.

Additional Requirements for Licensure

Following successful completion of the exam, the Landscape Architect Board office staff will notify you about how to complete the remaining steps to licensure.

Your license will be issued upon approval of the Board. A wall certificate suitable for framing and instructions for obtaining a Washington State Landscape Architect seal will be mailed to you in approximately 30 days. You must notify the Board office in writing of any address or telephone number changes that may have occurred during the application and examination process.

For questions, please call the board office at (360) 664-1497.

Landscape Architect Reciprocity Application Instructions

Reciprocity Application and Fees

Please complete the following steps:

1. Complete the application form.
2. Submit the current application fee and initial 2 year registration fee to P.O. Box 9048, Olympia, WA 98507-9048. Application fees will not be refunded.
3. Submit the following to P.O. Box 9045, Olympia, WA 98507-9045:
 - Transcripts (not needed if licensed for 7 or more years);
 - Employment and Experience Summary forms (not needed if licensed for 7 or more years);
 - References from 3 landscape architects;
 - If you claim self employment, your references need to be filled out by someone reviewing your work.
4. Provide state certification of completion of the LARE or the Uniform National Exam, including examination scores.
5. Provide state certification of a current valid landscape architect license in another recognized jurisdiction.
6. Satisfactorily complete the review of laws related to the practice of landscape architecture as determined by the Board.

Mailing Instructions

The application, LARE information Guide, and licensing fees must be mailed to: **Board of Registration for Landscape Architects, P.O. Box 9048, Olympia, WA 98507-9048.**

The Landscape Architect Applicant Employment and Experience Summary form, transcripts, and references must be mailed to: **Board of Registration for Landscape Architects, P.O. Box 9045, Olympia, WA 98507-9045.**

Landscape Architect Registration Application



FOR VALIDATION ONLY

003-070-249-01-0000

Application Method (check one):

☐ **Examination** ☐ **Reciprocity**

Make remittance payable to: State Treasurer
Send this application with your remittance to:
Board of Registration for Architects
PO Box 9048
Olympia, WA 98507-9048

Please type or print clearly in dark ink

1. Personal Information Print your name as you want it to appear on your certificate

Name (last, first, middle)		Maiden name (if applicable)		Gender (F or M)	Date of birth (month, day, year)	
Street address					Social Security No. (required per RCW 26.23.150)	
City				State	Zip code	County
Telephone no. (during normal business hours) ()		FAX no. ()		Home telephone no. (optional) ()		E-mail address
If applying by reciprocity, indicate state of current registration	Reg. state	Date of original registration			Registration no.	

2. Educational Background

Name of colleges, universities, technical schools	Location	Dates of attendance from/to	Degree
Applicable education and supplemental training	Location	Dates of attendance from/to	Certificate/degree, etc.

3. Complete the Following Only if Applying by Reciprocity

1. Have you ever been involved in litigation regarding Landscape Architecture	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever served a client in the state of Washington?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Has your registration been revoked or suspended in any licensing jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you been denied registration in any licensing jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If answer to any of the questions above is Yes , attach a separate explanation (8-1/2" X 11" sheet).		

Once filed, this application is a public record and is subject to public disclosure. RCW 42.56

4. Qualifying Experience

Place in chronological order (*most recent first*)



Include only practical work experience performing activities involved in the practice of landscape architecture . A résumé alone is not enough.						
Give full name and complete current address of employer. Include self employment and military service	Period of Employment MO. / YR.	Length of Employment		Total Hours	Nature of service performed, types of projects, major duties	Verifier's Name. Attach an Employment and Experience Verification Form for each Verifier you list.
		Total Months	Avg. Hours Worked			
	FROM		PER WK.			
	TO		PER MO.			
	FROM		PER WK.			
	TO		PER MO.			
	FROM		PER WK.			
	TO		PER MO.			
	FROM		PER WK.			
	TO		PER MO.			
	FROM		PER WK.			
	TO		PER MO.			
	FROM		PER WK.			
	TO		PER MO.			
	FROM		PER WK.			
	TO		PER MO.			
	TOTAL	MONTHS		HOURS		

if additional space is required, please attach on 8-1/2" X 11" sheet.

5. Certification

I hereby authorize any business associates (past and present) and any governmental agencies (local, state or federal) to release any information, files or records which may be required for a background investigation, to the Department of Licensing. I have carefully read the questions in the foregoing application and have answered them completely, without reservation of any kind. Should I furnish any false information in this application, I hereby agree that such act may constitute cause for the denial, suspension or revocation of my license to practice in the state of Washington.

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

X

SIGNATURE

DATE AND PLACE

Landscape Architect Applicant Employment and Experience Verification

The individual whose name appears below has applied to the Board for landscape architect registration. As a former supervisor, you will provide information that will be used to determine the applicant's eligibility for entrance into the exam process or for reciprocal registration. Entrance to the exam may depend on this experience so specific dates are important. For exam applicants, please complete this form as soon as possible to ensure the applicant can be admitted to the next scheduled exam.

6. Experience Verification

Applicant's name				License type applying for <input type="checkbox"/> Exam <input type="checkbox"/> Reciprocity																
Address (<i>street, city, state, zip</i>)																				
Worked under my supervision at (<i>name of firm</i>)																				
From (<i>month, year</i>)	To (<i>month, year</i>)	Total months	Avg. hours per week	Avg. hours per month	Total hours															
Percentage of time in the following activities: <table style="width: 100%; border: none;"> <tr> <td style="width: 33.33%;">_____ Client Relations</td> <td style="width: 33.33%;">_____ Working Drawings</td> <td style="width: 33.33%;">_____ Inspection Reports & Change Orders</td> </tr> <tr> <td>_____ Site Design and Planning</td> <td>_____ Construction Supervision</td> <td>_____ Contract Administration</td> </tr> <tr> <td>_____ Construction Materials and Methods</td> <td>_____ Specification Writing</td> <td>_____ Office Administration</td> </tr> <tr> <td>_____ Plant Selection and Use</td> <td>_____ Cost Estimating</td> <td>_____ Other</td> </tr> <tr> <td>_____ Coordination with Consultants</td> <td>_____ Field Inspections</td> <td></td> </tr> </table>						_____ Client Relations	_____ Working Drawings	_____ Inspection Reports & Change Orders	_____ Site Design and Planning	_____ Construction Supervision	_____ Contract Administration	_____ Construction Materials and Methods	_____ Specification Writing	_____ Office Administration	_____ Plant Selection and Use	_____ Cost Estimating	_____ Other	_____ Coordination with Consultants	_____ Field Inspections	
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_____ Plant Selection and Use	_____ Cost Estimating	_____ Other																		
_____ Coordination with Consultants	_____ Field Inspections																			
Describe roles and responsibilities																				

7. Verifier's Information – To be completed by the experience verifier

The person whose name appears above has applied to the board for landscape architect licensing. Your information will be used to determine the applicant's eligibility for licensure. If you are not licensed as a landscape architect please attach a copy of your résumé. Mail this completed form to the board's office at the address shown above.			
Verifier's name			Title
Verifier's current organization			Telephone no. ()
Organization's address (<i>street, city, state, zip</i>)			
Your professional relationship with applicant (<i>employer, supervisor, co-worker, other</i>)			
Your state of licensure	License type	License no.	Year of licensure
Is the applicant of good moral and ethical character? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Signature X			Date
Print or type name			

Landscape Architect Reference Statement

Do Not Use
Former College Professors,
Employees, or Relatives



Please check one:

☐ **Exam** ☐ **Reciprocity**

Washington State requires applicants for examination and reciprocity to furnish references from licensed landscape architects in support of their application. The applicant and the board appreciate your courtesy in furnishing this reference statement. The applicant has completed the upper half of this form. Please complete the lower half ("*Respondent*"). You may also make additional comments on the back of this form. If you prefer, you may return this form directly to us at the above address, or return it to the applicant for submission to us. As the applicant is working toward a deadline, your prompt attention is appreciated.

8. Applicant – complete this section

Applicant name (<i>last, first, middle</i>)	
Address (<i>street, city, state, zip</i>)	
1) Did you and the respondent attend landscape architectural school together? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give dates	
Name of school	
2) Have you been employed by or been members of the same firm? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the following:	
Name of firm	Date (<i>from - to</i>)
Address (<i>street, city, state, zip</i>)	
Applicant's position	
Respondent's position	
3) Have you known each other in other connections? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give dates and explain	

9. Respondent – complete this section

A) Is the above information correct as stated? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain on reverse			
B) Please indicate your expert opinion as to the applicant's qualifications to practice Landscape Architecture by applying one of the following terms to each phase of practice:			
TECHNICAL COMPETENCE: <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> INADEQUATE <input type="checkbox"/> UNKNOWN			
PROFESSIONAL INTEGRITY: <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> INADEQUATE <input type="checkbox"/> UNKNOWN			
Please indicate your expert opinion based on personal review of applicant's work.			
C) Do you consider him/her a competent practioner? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not qualified to answer			
Name of person providing information (<i>please type or print</i>)			
State of landscape architectural registration	Landscape Architect license no.	Years of registration	
Name of firm	Telephone no. ()	Position in firm	
Signature X			Date